

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070296

Entity Name: DA VINCI ONE, INC.

FILED  
Apr 03, 2008  
Secretary of State

## Current Principal Place of Business:

1800 OLD MOODY BLVD.  
BUNNELL, FL 32110

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 350883  
PALM COAST, FL 32135

## New Mailing Address:

FEI Number: 20-4892456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROVDER, LUKAS  
435 CABERNET PL  
SAINT AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROVDER, LUKAS  
Address: PO BOX 350883  
City-St-Zip: PALM COAST, FL 32135

Title: VD ( ) Delete  
Name: KOMPANCHENKO, TIMOTHY  
Address: PO BOX 350883  
City-St-Zip: PALM COAST, FL 32135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: ISTONA, VINCENT  
Address: PO BOX 350883  
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUKAS ROVDER

PD

04/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date